

# **INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS (California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 996.87
2	1,336.45
3	1,676.04
4	2,015.62
5	2,355.20

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,694.79
7	3,034.37
8	3,373.95
Each additional	339.58

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

***To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.***

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.



ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: FAX NO. <i>(Optional):</i>	
E-MAIL ADDRESS <i>(Optional):</i>	
ATTORNEY FOR <i>(Name):</i>	
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
<b>APPLICATION FOR WAIVER OF COURT FEES AND COSTS</b>	CASE NUMBER:

**I request a court order so that I do not have to pay court fees and costs.**

1. a. ☐ I am **not** able to pay any of the court fees and costs.  
b. ☐ I am able to pay **only** the following court fees and costs (*specify*):
2. My current street or mailing address is (*if applicable, include city or town, apartment no., if any, and zip code*):
3. a. My occupation, employer, and employer's address are (*specify*):  
b. My spouse's occupation, employer, and employer's address are (*specify*):
4. ☐ I am receiving financial assistance under one or more of the following programs:  
a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs  
b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)  
c. ☐ **Food Stamps:** The Food Stamp Program  
d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**  
a. ☐ (*Optional*) My Medi-Cal number is (*specify*):  
b. ☐ (*Optional*) My social security number is (*specify*):  
    -   -     and my date of birth is (*specify*):  
**[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]**  
c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.  
**[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]**

***[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]***

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

**[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]**

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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### FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: ..... \$ \_\_\_\_\_
- b. **My payroll deductions are (specify purpose and amount):**
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ \_\_\_\_\_
- c. My monthly take-home pay is (a. minus b.): ..... \$ \_\_\_\_\_
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**  
(c. plus d.): ..... \$ \_\_\_\_\_
- f. Number of persons living in my home: \_\_\_\_\_  
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, **or** on whom you depend in whole or in part for support:
- | Name      | Age   | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____        | \$ _____             |
| (2) _____ | _____ | _____        | \$ _____             |
| (3) _____ | _____ | _____        | \$ _____             |
| (4) _____ | _____ | _____        | \$ _____             |
| (5) _____ | _____ | _____        | \$ _____             |
- The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**  
(a. plus d. plus f.): ..... \$ \_\_\_\_\_
10. **I own or have an interest in the following property:**
- a. Cash ..... \$ \_\_\_\_\_
- b. Checking, savings, and credit union accounts (list banks):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property  | FMV      | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____     |
| (2) _____ | \$ _____ | \$ _____     |
| (3) _____ | \$ _____ | \$ _____     |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property  | FMV      | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____     |
| (2) _____ | \$ _____ | \$ _____     |
| (3) _____ | \$ _____ | \$ _____     |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):  
\$ \_\_\_\_\_
11. **My monthly expenses not already listed in item 9b above are the following:**
- |  |          |
|--|----------|
| a. Rent or house payment & maintenance                                       | \$ _____ |
| b. Food and household supplies   | \$ _____ |
| c. Utilities and telephone   | \$ _____ |
| d. Clothing  | \$ _____ |
| e. Laundry and cleaning  | \$ _____ |
| f. Medical and dental payments   | \$ _____ |
| g. Insurance (life, health, accident, etc.)                                  | \$ _____ |
| h. School, child care  | \$ _____ |
| i. Child, spousal support (prior marriage)                                   | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair)                 | \$ _____ |
| k. Installment payments (specify <b>purpose and amount</b> ):                |          |
| (1) _____  | \$ _____ |
| (2) _____  | \$ _____ |
| (3) _____  | \$ _____ |
| The TOTAL amount of monthly installment payments is: ..... \$ _____          |          |
| l. Amounts deducted due to wage assignments and earnings withholding orders: | \$ _____ |
| m. Other expenses (specify):   |          |
| (1) _____  | \$ _____ |
| (2) _____  | \$ _____ |
| (3) _____  | \$ _____ |
| (4) _____  | \$ _____ |
| (5) _____  | \$ _____ |
| The TOTAL amount of other monthly expenses is: ..... \$ _____                |          |
| n. <b>MY TOTAL MONTHLY EXPENSES ARE</b><br>(add a. through m.):              | \$ _____ |
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

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|---|
| <p><b>NOTICE:</b> If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.</p> <p><b>WARNING:</b> The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.</p> |
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Form Adopted for Mandatory Use  
Judicial Council of California  
982(a)(18) [Rev. January 1, 2003]

**ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)**

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): , California, on (date):

	Clerk, by _____, Deputy
<div></div>	<div></div>
<div></div>	<div></div>

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by \_\_\_\_\_, Deputy